



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 Terunao HANAOKA  
 Serial No: 10/802,668  
 Filed: March 17, 2004  
 For: Semiconductor Device And Method For Manufacturing  
 The Same, Circuit Board And Electronic Equipment

Art Unit: 2814  
 Examiner: Doan, Theresa T.  
 Confirmation No: 2671

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
 Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 June 7, 2005  
 Date of Deposit  
 Juanita Soberanis  
 Name  
 Signature  
 Date 06/07/05

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Response to Restriction Requirement.  
☒ Return Postcard.

No additional fee is required:

Additional Fee is Required:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-20	20	**	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	3	***	0	LG=\$200 SM=\$100	\$	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL								\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$-0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

Date: June 7, 2005

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By:   
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PATENT  
Attorney Docket No. 81754.0118  
Customer No. 26021

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Date of Deposit

Juanita Soberanis

Name

*Juanita Soberanis*  
Signature

06/07/05  
Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated May 9, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group II, claims 1-6, 11-13, 15-16 and 18-19, drawn to a semiconductor device. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: June 7, 2005

By: *Troy M. Schmefzer*

Troy M. Schmefzer

Registration No. 36,667

Attorney for Applicant(s)

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